## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in JC 5-2-15-3.

Date: 01-27-2008	Address: GIRGON ST & BLOLDWAY ST
Case #: 35-27329	Address: GIBEON ST & BLOKOWN ST ACTIVETON IN 47670
County: 627850 -26	
Type of Laboratory Seizure (check one)	Seizure Location (check all that apply)
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)	☐ Residence ☐ Hotel/Motel ☐ Outbuilding ☐ Open – No Structure ☐ Vehicle ☐ Other:
Items Found: Location (bedroom, kitchen, check all that apply)  Lithium/Ammonia Reaction(s):	· -
Red Phosphorous/Iodine Reaction(s):	
Flammable Solvents:	
Water Reactive Metal (Lithium):	
Anhydrous Ammonia:	
Ilydrochloric Acid Gas Generator(s): _	<del></del>
🔀 Corrosive Acid:	
Corrosive Base:	
Other (item and location):	
Child under age 18 discovered (check one) Yes 2 (number present) No *If yes, fax report to Child Protective Services	Investigative Information  Ephedrinc/Pseudoephedrine Tracking Log Retail/Merchant Tip  Other: Tempero Grow
This report is to be faxed to the following	g agencies that scrye the location:
Fire Department: PROBLEM FO  Health Department: CBsQN COUNT  Child Protection Service: MA	Fax: <u>812-385</u> -8702 Fax: <u>513-</u> 386-8077 Fax: <u>~1A</u>
For further information regarding this methalise for the first of the face of the first form is to be faxed to the First Department listed within 24 hours of scene processing.	namphetamine laboratory, contact Phone <u>2/2-</u> 2/2-20-79  at, Health Department and/or Child Protective Services Department

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.